

LOCAL 881 - Cannabis Employer Pension/H&W Fund Information

UFCW Industry Pension Fund:

- ✓ 300 Contributing Employers
- ✓ 10 – 15 Current Cannabis Employers
- ✓ 100k active participants
- ✓ 70k Retirees and Beneficiaries
- ✓ 70k Inactive
- ✓ Funding Status is currently in the “Green Zone”
- ✓ Contribution rates are set as a result of Collective Bargaining, subject to Trustee approval, and begin with a minimum of \$.50 cents per hour (monthly rates are available)
- ✓ Higher contributions equate to higher benefits for participants
- ✓ Participants are fully vested after 10 years, breakdown as follows;
 - 0 – 5 years = 75%
 - Next 5 years = 87.5%
 - +10 years = 100%
- ✓ Benefits are calculated using the Trustee established Appropriate Unit Calculation Rate (AUCR), which is currently set at 3.25

UFCW National H&W Fund:

- ✓ 10 Cannabis Employers in 6 States
- ✓ 11k total members across 19 States
- ✓ For further info visit website: www.nationalfund.org
- ✓ 2 Medical Options to choose from

The UFCW National Health and Welfare Fund (“Fund”) is a joint labor-management employee benefit Trust Fund. It is often referred to as a “Taft-Harley Fund” because it is regulated by the Labor Management Relations (“Taft-Hartley”) Act of 1947, as well as by the Employee Retirement Income Security Act (“ERISA”) and the Internal Revenue Code (“Code”). The Fund is established and maintained through collective bargaining agreements (CBA) between one or more labor unions and more than one employer. As a matter of federal law, the Fund must be structured as a Trust that is a separate legal entity, distinct from its sponsoring union(s) and contributing employers pursuant to its Agreement of Trust.

The Fund is governed by a joint board of trustees on which labor and management are equally represented. The labor trustees are appointed by the UFCW International Union and the management trustees are elected by a vote of the contributing employers. In performing their Fund related duties, the trustees have a fiduciary responsibility solely to the Fund and its participants and beneficiaries, and not to the contributing employers or sponsoring union(s).

The Fund is financed by employer contributions fixed by Collective Bargaining or other written agreements and investment of its pooled reserves. The Fund is mostly self-funded – that is benefits

are paid by the Fund from its pooled assets, rather than by an insurance company. The Fund does carry “stop loss” insurance to spread the risk of catastrophic claims.

The Fund is self-administered: that is, it employs an in-house staff to perform all of the administrative functions such as collecting contributions, contracting with insurers or other organizations that maintain provider networks or group purchasing networks, determining eligibility, processing and paying benefit claims, handling appeals, record-keeping and reporting and disclosure. All of the Fund’s administrative costs are paid from the Fund’s pool of assets.

The Fund has endeavored to develop innovative means for cost containment including negotiating contracts with providers such as prescription benefit managers and preferred provider organizations, promoting preventive care and wellness, engaging in disease management and forming group purchasing coalitions to maximize bargaining power. The Fund currently provides benefits to participants and beneficiaries in 18 states from its offices in Englewood, NJ and Stockton, CA.

2019 Monthly Healthcare rates:

Medical/Rx:	UniCann Basic	UniCann 500
Employee Only	\$407.91	\$393.56
EE/Spouse	\$836.22	\$806.81
EE/Child(ren)	\$734.24	\$708.42
Family	\$1,167.05	\$1,126.01

Ancillary Benefits:	Dental	Vision
Employee Only	\$43.19	\$3.23
EE/Spouse	\$88.54	\$6.61
EE/Child(ren)	\$77.74	\$5.81
Family	\$139.20	\$10.39

The charts on the following pages summarize the major benefits.

UniCann Basic Plan:	In-Network	Out-of-Network
Annual Deductible (<i>individual/family</i>)	\$250/\$500	\$250/\$500

UniCann Basic Plan:	In-Network	Out-of-Network
Coinsurance (<i>member pays</i>)	20%	30%
Out-of-Pocket Maximum (<i>individual/family</i>) (<i>includes deductibles, coinsurance and copays</i>)	\$6,850/\$13,700	\$13,700/\$41,100
Lifetime Maximum	Unlimited	
PCP Office Visits	Subject to Ded & Coins	Subject to Ded & Coins
Specialist Office Visits (<i>Includes Cardiologists, Psychiatrists, etc.</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Preventive Care (<i>One annual exam per calendar year including blood screening, urine tests, chest x-ray, EKG & mammography</i>)	No Charge	Subject to Ded & Coins
Hospital (<i>Daily Hospital Room and Board, Semi Private and other allowable expense</i>)	No Charge	Subject to Ded & Coins
Hospital Pre-Certification Penalty	50% of benefits up to a maximum of \$5,000	
Ambulance	Subject to Ded & Coins	Same as In-Network
Emergency Room (<i>Copay waived if admitted</i>)	\$50 Copay & Coinsurance	Same as In-Network
Urgent Care	Subject to Ded & Coins	Same as In-Network
Outpatient Surgery Facility	No Charge	Subject to Ded & Coins
-Physician & Surgeon Fees	Subject to Ded & Coins	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Inpatient	No Charge	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Outpatient	Subject to Ded & Coins	Subject to Ded & Coins
Home Health Care	Subject to Ded & Coins	Subject to Ded & Coins
Skilled Nursing Facility (Inpatient)	No Charge	Subject to Ded & Coins

UniCann Basic Plan:	In-Network	Out-of-Network
Durable Medical Equipment (<i>Total rental not to exceed purchase price</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Physical, Occupational and Speech Therapy (<i>excludes Chiropractic</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Chiropractic (<i>Up to 12 visits per calendar year</i>)	Subject to Ded & Coins	Subject to Ded & Coins

Prescription Drug:		
Retail 30-Day Supply:		
Generic Drugs	Subject to Ded & 10% Coins	Not Covered
Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered
Mail Order 90-Day Supply:		
Generic Drugs	Subject to Ded & 10% Coins	Not Covered
Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered

UniCann 500 Plan:	In-Network	Out-of-Network
Annual Deductible (<i>individual/family</i>)	\$500/\$1,000	\$500/\$1,000
Coinsurance (<i>member pays</i>)	20%	50%
Out-of-Pocket Maximum (<i>individual/family</i>) (<i>includes deductibles, coinsurance and copays</i>)	\$7,350/\$14,700	\$14,700/\$44,100
Lifetime Maximum	Unlimited	
PCP Office Visits	Subject to Ded & Coins	Subject to Ded & Coins
Specialist Office Visits (<i>Includes Cardiologists, Psychiatrists, etc.</i>)	Subject to Ded & Coins	Subject to Ded & Coins

UniCann 500 Plan:	In-Network	Out-of-Network
Preventive Care (<i>One annual exam per calendar year including blood screening, urine tests, chest x-ray, EKG & mammography</i>)	No Charge	Subject to Ded & Coins
Hospital (<i>Daily Hospital Room and Board, Semi Private and other allowable expense</i>)	No Charge	Subject to Ded & Coins
Hospital Pre-Certification Penalty	50% of benefits up to a maximum of \$5,000	
Ambulance	Subject to Ded & Coins	Same as In-Network
Emergency Room (<i>Copay waived if admitted</i>)	\$50 Copay & Coinsurance	Same as In-Network
Urgent Care	Subject to Ded & Coins	Same as In-Network
Outpatient Surgery Facility -Physician & Surgeon Fees	No Charge	Subject to Ded & Coins
	Subject to Ded & Coins	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Inpatient	No Charge	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Outpatient	Subject to Ded & Coins	Subject to Ded & Coins
Home Health Care	Subject to Ded & Coins	Subject to Ded & Coins
Skilled Nursing Facility (Inpatient)	No Charge	Subject to Ded & Coins
Durable Medical Equipment (<i>Total rental not to exceed purchase price</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Physical, Occupational and Speech Therapy (<i>excludes Chiropractic</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Chiropractic (<i>Up to 12 visits per calendar year</i>)	Subject to Ded & Coins	Subject to Ded & Coins

Prescription Drug:		
Retail 30-Day Supply:		
Generic Drugs	Subject to Ded & 10% Coins	Not Covered
Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered
Mail Order 90-Day Supply:		
Generic Drugs	Subject to Ded & 10% Coins	Not Covered
Brand Name Drugs	Subject to Ded & 20% Coins	Not Covered

Delta Dental PPO Plus Premier Plan:	In-Network	Out-of-Network
Calendar Year Deductible		
Per Person	\$50	\$50
Family Aggregate Maximum	\$150	\$150
Preventive & Diagnostic (No Deductible)		
Exams, Cleanings, Bitewing x-rays	100%	100%
Fluoride Treatment, Sealants	100%	100%
Remaining Basic (After Deductible)		
Filings, Extractions, Root Canals (endodontics)	80%	80%
Periodontics, Oral Surgery, TMJ Treatment, Repair of Dentures	80%	80%
Crowns & Prosthodontics (After Deductible)		
Crowns & Gold Restorations, Implants	50%	50%
Bridgework, Full & Partial Dentures	50%	50%

Delta Dental PPO Plus Premier Plan:	In-Network	Out-of-Network
Calendar Year Maximum (per person)	\$2,000	\$2,000
Orthodontics (Child & Adult)		
Coinsurance	50%	50%
Lifetime Maximum	\$2,000	\$2,000

VSP Access Indemnity Plan

The VSP Access Indemnity Plan is a savings plan with allowances that offers valuable discounts through a VSP Network Provider.

Benefits through a VSP Network Provider	
Exam Services	<ul style="list-style-type: none"> ➤ 20% off a comprehensive WellVision Exam, plus a total allowance of \$135
Glasses	<ul style="list-style-type: none"> ➤ 20% off prescription glasses, plus a total allowance of \$135 towards exam and glasses or contacts.
Lens Enhancements	<ul style="list-style-type: none"> ➤ 20% off all lens enhancements
Additional Pairs of Glasses	<ul style="list-style-type: none"> ➤ Within 12 months of exam: 20% off unlimited additional pair of prescription glasses and/or non-prescription sunglasses from any VSP doctor
Elective Contact Lenses	<ul style="list-style-type: none"> ➤ Prescription contact lens materials and services are covered in full up to the retail allowance of \$135 per lens (in lieu of frame & lenses) ➤ Contact lens exam (fitting and evaluation): Member receives 15% off of contact lens exam services ➤ Members can choose from any available prescription contact lens materials
VSP Laser Vision Care Program	<ul style="list-style-type: none"> ➤ Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase. <p><i>Discounts are only available from VSP-contracted facilities. Also, custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member</i></p>
Out-of-Network Schedule	<p>Offer a generous reimbursement schedule for services from other providers.</p> <p>\$135 Total allowance for Exam and Glasses or elective contact lenses (in lieu of lenses and frame)</p>